

<i>SERFF Tracking Number:</i>	<i>CNAB-125449756</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#218238 \$100</i>
<i>Company Tracking Number:</i>	<i>08-L3000</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Rule For Farm Premises Liability</i>		
<i>Project Name/Number:</i>	<i>Rule For Farm Premises Liability/08-L3000</i>		

## Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Rule For Farm Premises Liability      SERFF Tr Num: CNAB-125449756      State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only      SERFF Status: Closed

State Tr Num: #218238 \$100

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-L3000

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Mercy Marasigan

Disposition Date: 02/11/2008

Date Submitted: 01/25/2008

Disposition Status: Filed

Effective Date Requested (New): 03/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Rule For Farm Premises Liability

Project Number: 08-L3000

Status of Filing in Domicile: Not Filed

Domicile Status Comments: No filing required for rules.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/11/2008

State Status Changed: 02/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting Company Exception Page CNA-EX-CG-93 that contains the rule for G-300542-A Farm Premises Liability that is being

submitted under separate cover letter (iD#08-F3000).

<i>SERFF Tracking Number:</i>	<i>CNAB-125449756</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#218238 \$100</i>
<i>Company Tracking Number:</i>	<i>08-L3000</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Rule For Farm Premises Liability</i>		
<i>Project Name/Number:</i>	<i>Rule For Farm Premises Liability/08-L3000</i>		

The description of this filing is contained in the EXPLANATORY MEMORANDUM.

We respectfully request approval of this filing to be applicable to all policies written on and after March 1, 2008.

## Company and Contact

### Filing Contact Information

Mercy A. Marasigan, State Filing Analyst	mercedes.marasigan@cna.com
333 S. Wabash	(312) 822-6609 [Phone]
Chicago, IL 60685	(312) 755-2394[FAX]

### Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 13-5010440	
(312) 822-4292 ext. [Phone]	-----	

American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 23-0342560	
(312) 822-4292 ext. [Phone]	-----	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 06-0464510	
(312) 822-4292 ext. [Phone]	-----	

<i>SERFF Tracking Number:</i>	<i>CNAB-125449756</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#218238 \$100</i>
<i>Company Tracking Number:</i>	<i>08-L3000</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Rule For Farm Premises Liability</i>		
<i>Project Name/Number:</i>	<i>Rule For Farm Premises Liability/08-L3000</i>		

Transportation Insurance Company	CoCode: 20494	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor		
Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 36-1877247	
	-----	

Valley Forge Insurance Company	CoCode: 20508	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor		
Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 23-1620527	
	-----	

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

Chicago , IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 36-2114545	
	-----	

SERFF Tracking Number: CNAB-125449756 State: Arkansas  
 First Filing Company: Continental Insurance Company, ... State Tracking Number: #218238 \$100  
 Company Tracking Number: 08-L3000  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: Rule For Farm Premises Liability  
 Project Name/Number: Rule For Farm Premises Liability/08-L3000

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$100 per group.

Check is being mailed 1/25/08.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$0.00	01/25/2008	
American Casualty Company of Reading PA	\$0.00	01/25/2008	
National Fire Insurance Company of Hartford	\$0.00	01/25/2008	
Transportation Insurance Company	\$0.00	01/25/2008	
Valley Forge Insurance Company	\$0.00	01/25/2008	
Continental Casualty Company	\$0.00	01/25/2008	

<i>SERFF Tracking Number:</i>	<i>CNAB-125449756</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#218238 \$100</i>
<i>Company Tracking Number:</i>	<i>08-L3000</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Rule For Farm Premises Liability</i>		
<i>Project Name/Number:</i>	<i>Rule For Farm Premises Liability/08-L3000</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Edith Roberts	02/11/2008	02/11/2008

SERFF Tracking Number:	CNAB-125449756	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#218238 \$100
Company Tracking Number:	08-L3000		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Rule For Farm Premises Liability		
Project Name/Number:	Rule For Farm Premises Liability/08-L3000		

## Disposition

Disposition Date: 02/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>CNAB-125449756</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#218238 \$100</i>
<i>Company Tracking Number:</i>	<i>08-L3000</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Rule For Farm Premises Liability</i>		
<i>Project Name/Number:</i>	<i>Rule For Farm Premises Liability/08-L3000</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter-Exp. Memo	Filed	Yes
<b>Supporting Document</b>	P & C Trans. Doc-Sched	Filed	Yes
<b>Rate</b>	Company Exception Page	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>CNAB-125449756</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#218238 \$100</i>
<i>Company Tracking Number:</i>	<i>08-L3000</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Rule For Farm Premises Liability</i>		
<i>Project Name/Number:</i>	<i>Rule For Farm Premises Liability/08-L3000</i>		

## Rate Information

Rate data does NOT apply to filing.



<i>SERFF Tracking Number:</i>	<i>CNAB-125449756</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#218238 \$100</i>
<i>Company Tracking Number:</i>	<i>08-L3000</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Rule For Farm Premises Liability</i>		
<i>Project Name/Number:</i>	<i>Rule For Farm Premises Liability/08-L3000</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Filed	Company Exception Page	CNA-EX-CG-93	New	CNA-EX-CG-93.pdf

**SECTION II  
COVERAGE RULES**

**COMPANY EXCEPTION PAGE  
COMMERCIAL LINES MANUAL  
DIVISION SIX  
GENERAL LIABILITY**

CONTINENTAL CASUALTY COMPANY  
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD  
AMERICAN CASUALTY COMPANY OF READING, PA  
TRANSPORTATION INSURANCE COMPANY  
CONTINENTAL INSURANCE COMPANY  
VALLEY FORGE INSURANCE COMPANY

**RULE 27. MANUFACTURING AND PROCESSING RISKS - CLASSIFICATION  
ASSIGNMENT AND PREMIUM COMPUTATION PROCEDURES**

The following is added to paragraph **D. Special Classification Inclusions:**

Farm premises up to 160 in total acreage (for all locations) owned or controlled by food manufacturers or processors and operated principally for the purpose of supplying the manufacturing or processing operations, whether or not such operations are on the farm premises.

SERFF Tracking Number:	CNAB-125449756	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#218238 \$100
Company Tracking Number:	08-L3000		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Rule For Farm Premises Liability		
Project Name/Number:	Rule For Farm Premises Liability/08-L3000		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Cover Letter-Exp. Memo	<b>Review Status:</b>	
		Filed	02/11/2008
<b>Comments:</b>			
	Cover Letter and Explanatory Memo attached		
<b>Attachments:</b>			
	AR08-L3000 Cover Letter.pdf		
	08-L3000 EXP. MEMO.pdf		

<b>Satisfied -Name:</b>	P & C Trans. Doc-Sched	<b>Review Status:</b>	
		Filed	02/11/2008
<b>Comments:</b>			
	P & C Transmittal Document and Schedule attached		
<b>Attachment:</b>			
	AR08-L3000 P & C Trans. Doc-Sched.pdf		



CNA Plaza Chicago IL 60685-0001

**January 22, 2008**

Honorable Julie Benafiled Bowman  
Insurance Commissioner  
1200 West Third Street  
Little Rock, AR 72201 - 1904

**Mercy A. Marasigan**

State Filing Analyst  
Commercial Lines/37S

Telephone 312-822-6609  
Facsimile 312-755-2394  
mercedes.marasigan@cna.com

Attn.: Compliance/Property & Cas.

Re: Commercial General Liability Program ID#08-L3000)  
RULE FILING  
Company Exception Page CNA-EX-CG-93  
CONTINENTAL CASUALTY COMPANY 218-20443  
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD 218-20478  
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA 218-20427  
TRANSPORTATION INSURANCE COMPANY 218-20494  
VALLEY FORGE INSURANCE COMPANY 218-20508  
THE CONTINENTAL INSURANCE COMPANY 218-35289

Dear Commissioner:

The above named companies submit the captioned new Company Exception Page for Division Six- General Liability.

This page contains the rule for FARM PREMISES LIABILITY, G-300542-A, that is being submitted under separate cover letter (ID#08-F3000)

The enclosed EXPLANATORY MEMORANDUM reflects the description and/or purpose of this filing.

We respectfully request approval of this filing to be applicable to all policies written on and after March 1, 2008.

Please stamp and return the enclosed extra copy of this letter for our records.

Very truly yours,

*Mercy A. Marasigan*

**COMMERCIAL LINES MANUAL  
DIVISION SIX -- GENERAL LIABILITY  
ID#08-L3000  
EXPLANATORY MEMORANDUM**

**CNA-EX-CG-93**

**RULE 27. MANUFACTURING AND PROCESSING RISKS - CLASSIFICATION  
ASSIGNMENT AND PREMIUM COMPUTATION PROCEDURES**

Attached please find the above referenced company exception page for your approval

The purpose of this exception rule is to add an inclusion for farm premises exposures up to 160 acres owned or controlled by food manufacturers or processors and operated principally for the purpose of supplying the manufacturing or processing operations, whether or not such operations are on the farm premises.

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	<input type="checkbox"/> a. Date the filing is received:	
	<input type="checkbox"/> b. Analyst:	
	<input type="checkbox"/> c. Disposition:	
	<input type="checkbox"/> d. Date of disposition of the filing:	
	<input type="checkbox"/> e. Effective date of filing:	
	<input type="checkbox"/> New Business	
	<input type="checkbox"/> Renewal Business	
	<input type="checkbox"/> f. State Filing #:	
	<input type="checkbox"/> g. SERFF Filing #:	
<input type="checkbox"/> h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
American Casualty Company of Reading, Pa	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
The Continental Insurance Company	PA	35289	13-5010440	

<b>5. Company Tracking Number</b>	<b>08-L3000</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Mercy A. Marasigan	State Filing Analyst	(312) 822-6609	(312) 755-2394	mercedes.marasigan@cna.com
333 S. Wabash Ave. Chicago, IL 60604				
7. Signature of authorized filer		<i>Mercy A. Marasigan</i>		
8. Please print name of authorized filer		Mercy A. Marasigan		

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Written 3/1/08      Renewal: Written 3/1/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	1/22/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-L3000
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are submitting Company Exception Page CNA-EX-CG-CWR-91 that reflects the rule for new endorsement G-300542-A Farm Premises Liability for use with the ISO Commercial General Liability Coverage Part, CG 00 01.

The detailed description and/or purpose of this endorsement is reflected in the enclosed EXPLANATORY MEMORANDUM.

The companion form filing is being submitted under separate cover letter (ID#08-F3000).

We respectfully request approval of this filing to be applicable to all policies written on and after March 1, 2008.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** 0000218238

**Amount:** \$100.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>08-L3000</b>					
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>08-F3000</b>					
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)							
<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>FILE &amp; USE</b>					
<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change (where required)</b>	<b>Minimum % Change (where required)</b>
N/A	N/A						
<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change (where required)</b>	<b>Minimum % Change (where required)</b>
<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>							
		<b>COMPANY USE</b>		<b>STATE USE</b>			
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	0%					
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	N/A					
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	N/A					
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	N/A					
<b>6.</b>	<b>Overall percentage of last rate revision</b>	N/A					
<b>7.</b>	<b>Effective Date of last rate revision</b>	N/A					
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	N/A					
<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>				<b>Previous state filing number, if required by state</b>	
01	CNA-EX-CG-93	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn					
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn					
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn					